

# Regional(Perioral or Periorbital) Deep Phenol/Croton oil Peeling

How and Why to Do and Teach it

Association of Professors of Dermatology  
Procedural Dermatology-2014

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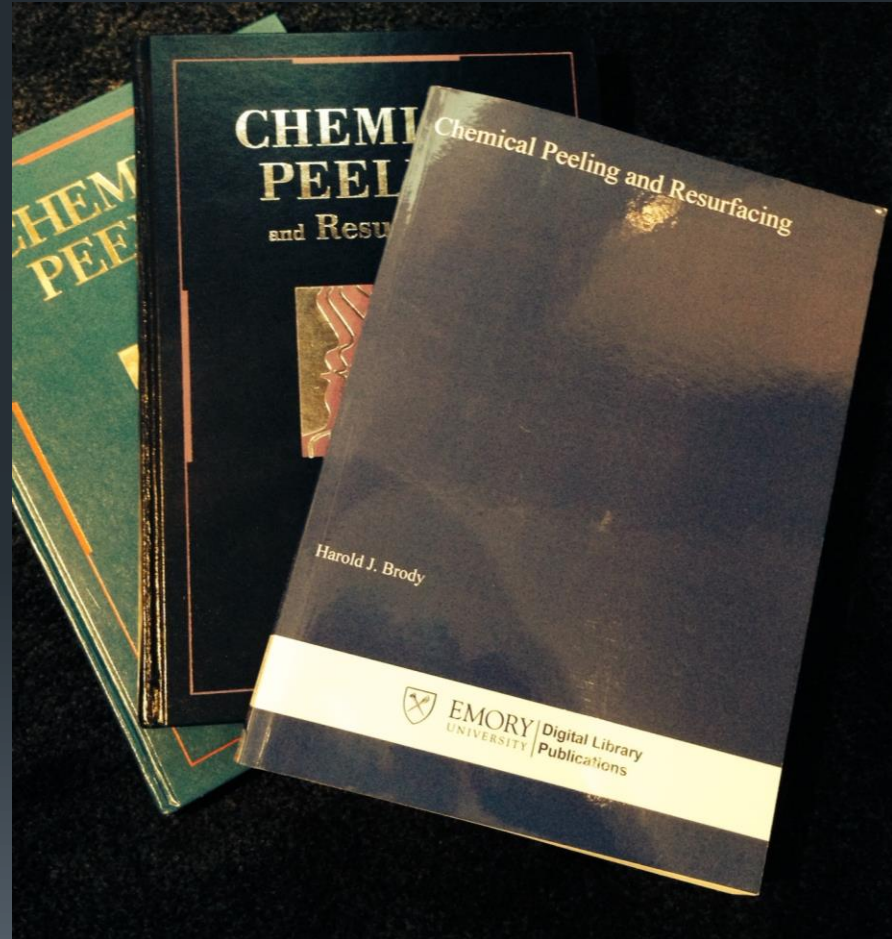
**Emory University School of Medicine**

**Atlanta, Georgia**

## Conflicts

Textbook:

Chemical Peeling and Resurfacing, 3<sup>rd</sup> edition,  
Emory University Press,  
Amazon.com





2012-2013

## Combination Chemical Peels

- ASPS: 444,268
- ASDS: 413,000
- Within Top 5 or 6 procedures for both associations

# Why do it??


- Superb method to remove Glogau III or IV wrinkles in one treatment
- No Laser cost, maintenance or payments necessary






## Why do it??

- Substantial generation of funds for your department
- Cost of procedure is negligible
- 24 procedures yearly( 2 monthly for 6 winter months or 1 monthly) with phenol combination would yield \$1,000 or \$2,000 per peel or \$24,000 to \$50,000+ more per year

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- 14 years ago at ASDS, survey showed 1/3 of Program Directors teaching phenol based peels.
  - ASDS Visiting Professor: 6 programs in 2013. Programs not getting didactic peel instruction as per RRC. Faculty and resident intense interest. Phenol/Croton oil Demonstrations successful



Unlike Dermabrasion, which is rarely performed for wrinkles today, no blood-borne pathogens in peeling for wrinkles

- There has never been a death from a properly performed full-face phenol peel
- Pause 10 minutes between perioral and periorbital application if doing 2 cosmetic units





- No worry of phenol cardiotoxicity as periorbital or perioral involves less phenol than a phenol matrixectomy



# Oral Hydration for Phenol peels

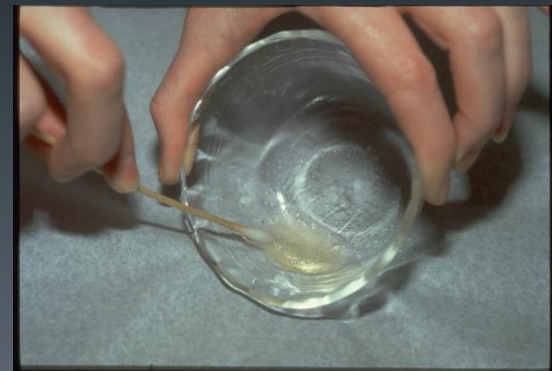
- Drink 4 cups of water(1000cc or 32 oz)
- (Most patients peeling in the morning aren't hydrated)

# Baker-Gordon Formula

## HALVED for ease of use

- Phenol, USP, 88% 1cc
- Tap water 1cc
- Septisol liquid soap 3 drops
- Croton oil 1 drop

As per Hetter's work, Croton oil is the active ingredient





# Application

- Application causes burning for 20 seconds, then anesthesia for 20 minutes, then throbbing pain for 6 hours.
- Perform in the morning
- Infraorbital and mental blocks: marcaine

# Optional occlusion Glogau IV skin with microfoam tape



Frosting: Light White, White, Gray

- Glogau III go to White Frost
- Glogau IV go to Gray frost

- No Alabaster Skin or depigmentation if properly performed on proper degree of sun damage
- Hypopigmentation



# Post op care



- In shower, dove soap and povidone iodine or chlorhexidine lathering skin cleanser followed by Aquaphor or Vaseline if sensitive twice daily



A great way to start





Glogau III



Brody H



# Complications of Resurfacing

- Pigmentation
- Scarring: Less than 1% in 3 studies (Baker, Brody, Glogau)
- Persistent Erythema
- Infection
- Regional peels imply less chance of complications since less surface area performed



## Why do it??

- Substantial generation of funds for your department
- 24 procedures( 2 monthly for 6 winter months or 1 monthly) with phenol combination would yield \$24,000 to \$50,000 more per year
- **NO RESURFACING LASER COST OR MAINTENANCE**